

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5																																				
1. CONTRACT PURCH ORDER/AGREEMENT NO. SP0700-99-D-9713			2. DELIVERY ORDER/CALL NO. BR25		3. DATE OF ORDER/CALL (YYYYMMDD) 2003MAY02		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4																																					
6. ISSUED BY TACOM AMSTA-AQ-6318 KAYE MAGAR (586)574-6318 WARREN, MICHIGAN 48397-5000 EMAIL: MAGARK@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV 7. ADMINISTERED BY (If other than 6) DCMA DAYTON AREA C, BUILDING 30 1725 VAN PATTON AVENUE WRIGHT PATTERSON AFB, OH 45433-5302 B NONE SC1012		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																							
9. CONTRACTOR O'GARA-HESS & EISENHARDT ARMORING CO NAME 9113 LE SAINT RD AND FAIRFIELD OH 45014 ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE 12. DISCOUNT TERMS Net 30 Days 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15																																											
14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">16. TYPE OF ORDER</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DELIVERY/ CALL</td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURCHASE</td> <td colspan="11" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	X	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									PURCHASE	Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.											furnish the following on terms specified herein.										
16. TYPE OF ORDER	DELIVERY/ CALL	X	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.																																											
	PURCHASE	Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.																																												
		furnish the following on terms specified herein.																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; vertical-align: bottom;">NAME OF CONTRACTOR</td> <td style="width: 25%; text-align: center; vertical-align: bottom;">SIGNATURE</td> <td style="width: 25%; text-align: center; vertical-align: bottom;">TYPED NAME AND TITLE</td> <td style="width: 25%; text-align: center; vertical-align: bottom;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																														
NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																																											
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																														
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE																																														
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT																																				
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders																																												
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (586)574-5333 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$65,847.12																																				
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____																																														
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																							
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS																																					
f. TELEPHONE NUMBER					g. E-MAIL ADDRESS					31. PAYMENT																																				
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					<input type="checkbox"/> COMPLETE		<input type="checkbox"/> PARTIAL		<input type="checkbox"/> FINAL																																					
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			<input type="checkbox"/> COMPLETE		<input type="checkbox"/> PARTIAL		<input type="checkbox"/> FINAL																																					
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.																																				

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN SP0700-99-D-9713/BR25MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: O'GARA-HESS & EISENHARDT ARMORING		

SUPPLEMENTAL INFORMATION

1. This order is being issued as Inspection and Acceptance at Origin/Origin. The origin location is:
- Global Packaging & Export
1228-B Castle Drive
Mason, OH 45040
2. The fifth year unit price for this item is \$5,037.36, which includes commercial packaging. However, the packaging requirement for this procurement is Military/A in accordance with SPI AK14359689. The contractor has included an additional cost of \$449.00 to cover military packaing for a total unit price of \$5,487.26.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: O'GARA-HESS & EISENHARDT ARMORING

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 2510-01-435-9689 FSCM: 6W728 PART NR: 4660851 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u> NOUN: DOOR,VEHICULAR PRON: EH3A1623EH PRON AMD: 01 ACRN: AA AMS CD: 070011 This CLIN 0001AA equates to CLIN 0146 of the basic contract. 				

Name of Offeror or Contractor: O'GARA-HESS & EISENHARDT ARMORING

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<div><div><div><div><div><u>DEL REL CD</u></div><div>001</div></div><div><div><u>QUANTITY</u></div><div>3</div></div><div><div><u>DAYS AFTER AWARD</u></div><div>0045</div></div></div></div><div>FOB POINT: Destination</div><div>SHIP TO: <u>FREIGHT ADDRESS</u> (W45G19) SR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V GATE 44 BLDG 184 TEXARKANA TX 75507-5000</div><div><u>CONTRACT/DELIVERY ORDER NUMBER</u> SP0700-99-D-9713/BR25</div></div>				

CONTINUATION SHEET**Reference No. of Document Being Continued**

Page 5 of 5

PIIN/SIIN SP0700-99-D-9713/BR25**MOD/AMD**

Name of Offeror or Contractor: O'GARA-HESS & EISENHARDT ARMORING

CONTRACT ADMINISTRATION DATA

										JOB			
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION						NUMBER	STATION	AMOUNT	
0001AA	EH3A1623EH	AA	2	97	X4930AC6D	6D	26FB	S20113			W56HZV	\$	65,847.12
070011													
											TOTAL	\$	65,847.12

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6D	6D	26FB S20113	W56HZV	\$ <u>65,847.12</u>
						TOTAL	\$ 65,847.12